

6/25/03

**BEHAVIORAL / ENVIRONMENTAL RISK FACTORS
FOR CHILDHOOD DROWNING**

**CONTROL QUESTIONNAIRE
AGES 5-9**

Sponsored by:

**National Institute for Child Health and Human Development
National Institutes of Health (NIH)
Bethesda, Maryland**

Westat

- 1. **SITE ID:**
- 2. **CASE ID:**
- 3. **CONTROL ID:**
- 4. **INTERVIEWER NAME:** *(Please print)*
- 5. **DATE OF INTERVIEW:**
- 6. **TIME INTERVIEW BEGAN:** ___:___ AM PM
- 7. **TIME INTERVIEW ENDED:** ___:___ AM PM
- 8. **1ST NAME OF CHILD:**
- 9. **GENDER OF CHILD:**
- 10. **DATE OF ACCIDENT (CASE)/ REFERENCE DATE:**
- 11. **COUNTY WHERE CHILD/CASE DROWNED:**
- 12. **CHILD DATE OF BIRTH:**
- 13. **AGE CATEGORY:** 5-9
- 14. **RESPONDENT RELATIONSHIP TO CHILD:**
 - Mother
 - Father
 - Grandmother
 - Grandfather
 - Other (SPECIFY): _____

Gender: M F

INTERVIEWER: Note the gender of "Other"

ELIGIBILITY CONFIRMATION

Before we begin, I would just like to confirm some information we have regarding (CHILD'S NAME) and where (he/she) was living in (REFERENCE MM/YY).

EL-1. First, since this study is only being conducted in certain counties across the country, we would like to confirm that on (REFERENCE DATE), (CHILD'S NAME) lived in (COUNTY OF RESIDENCE). Is that correct?

EXTD.COUNTYCH

YES.....1 (SKIP TO QUESTION EL-2)

NO.....2

EL-1a. On (REFERENCE DATE), where did (CHILD'S NAME) live? Please tell me the city, state, zip code, and county. (IF CHILD LIVED OUTSIDE OF U.S., ENTER '99' FOR CITY)

CITY: _____

STATE: _____

EXTD.CITY

EXTD.STATE

ZIP CODE: _____

COUNTY: _____

EXTD.ZCODE

EXTD.COUNTYOFRESIDENCE

(UNLESS ZIP CODE MATCHES TO SAMPLED COUNTY, SKIP TO BOX EL-1)

EL-2. Based on our last interview with someone in your household, our records indicate that (CHILD'S NAME) was born in (BIRTH MONTH) of (BIRTH YEAR). Is that correct?

EXTD.CONBIRTH

YES..... 1 (SKIP TO BOX EL-2)

NO..... 2

EL-2a. What is (CHILD'S NAME) month and year of birth?

MONTH: _____ YEAR: _____

EXTD.BIRTHMO

EXTD.BIRTHYR

[IF NECESSARY, VERIFY AGE RANGE]

BOX EL-1

If child lived in a different county, go to BOX EL-2.
Else if child's age does not match the control based on the matching criteria, go to BOX EL-3.
Else, if unknown if child lived in county, go to BOX EL-4.
Else proceed with interview and go to QUESTION 1a.

BOX EL-2

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time we are only able to include residents of (COUNTY OF DROWNING) in this study. Thank you very much for your time. **END**

BOX EL-3

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time, we are not able to include your household for this study. We may contact you again later for an interview. Thank you very much for your time. **END**

BOX EL-4

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time, we are not able to include your household for this study. Thank you very much for your time. **END**

ENVIRONMENTAL FACTORS

We don't know how to prevent drowning accidents, so there are no right or wrong answers to any of the questions.

During this interview, for most of the questions I would like you to think back to (REFERENCE MM/YY) unless I tell you otherwise. When responding to the questions, please try to recall as best you can how (CHILD'S NAME) behaved on or about that date. In other words, try to answer as if you were being asked the question at that time.

1a. What is your relationship to (CHILD'S NAME)? Are you (his/her)...

EXTD.RELACH

- Mother,..... 1
- Father, 2
- Grandmother, 3
- Grandfather, or..... 4
- Some other relationship?
(SPECIFY) [ASK GENDER IF NOT OBVIOUS]
- _____ 91

EXTD.RELACHOS
EXTD.OTHGEND

2. Did (CHILD'S NAME) live with you on (REFERENCE DATE)?

EXTD.CHLIVE

- YES..... 1
- NO..... 2

2a. With whom did (CHILD'S NAME) live most of the time the year prior to (REFERENCE DATE)?

EXTD.LIVE

- MOTHER 1
- FATHER..... 2
- BOTH MOTHER AND FATHER 3
- GRANDPARENT(S)..... 4
- OTHER RELATIVE 5
- SOMEONE ELSE (SPECIFY) _____ 91

EXTD.OTHLIVE

(NOTE: FOR QUESTION 3 TO 6 - IF QUESTION 2 = NO (CHILD DID NOT LIVE WITH RESPONDENT ON REF DATE), CHANGE FILLS TO GATHER INFO ON CHILD'S HOUSEHOLD.)

3. Up until (REFERENCE DATE), how long had (CHILD'S NAME) lived at this residence?

EXTD.NUMLIVE

- — WEEKS..... 1
- MONTHS..... 2
- YEARS..... 3

EXTD.UNITLIVE

4. Did you ...

EXTD.OWNRENT

- Own your residence, 1
- Rent your residence, 2
- Live with family, 3
- Live with friends, or 4
- Was it some other type of living arrangement?
(SPECIFY)91



4a. Did the people that (CHILD'S NAME) lived with own or rent their residence?

EXTD.OWNHOME

- OWN..... 1
- RENT..... 2

5. Are you currently living at this same residence?

EXTD.SAMERES

- YES..... 1
- NO..... 2

6. [IF NO TO QUESTION 5: Now I would like you to think about the residence in which you lived in on REFERENCE DATE.] Would you describe your residence as...

EXTD.CURRES

- An Apartment, 1 (SKIP TO QUESTION 26)
- A Single Family House, 2
- A Duplex, 3
- A Townhouse or Rowhouse,..... 4
- A Mobile or Trailer Home, or..... 5
- Something else? (SPECIFY) 91

EXTD.OTHCURRE

(Note – 7 through 14 will be one large grid)

7. In (REFERENCE MM/YY), was there a ... YARD.LOCATED	8. Was the water in the (STRUCTURE) deeper than 2 feet at its deepest point? YARD.WATDEEP	9. Was the (STRUCTURE) in place the whole time you lived there? YARD.INPLACE	10. Was the (STRUCTURE) a permanent structure? YARD.PERMSTRU
a. swimming pool located in your yard or home? Do not include wading pools. YES.....1 → NO.....2 (b)	a. YES 1 NO 2	a. YES 1 NO 2	a. YES 1 NO 2
b. Jacuzzi or hot tub located in your yard or home? Please do not include Jacuzzi's or hot tubs located in a bathroom. YES.....1 → NO.....2 (c)	b. YES 1 NO 2	b. YES 1 NO 2	b. YES 1 NO 2
c. wading pool located in your yard? YES.....1 → NO.....2 (d)	c. YES 1 NO 2	c. YES 1 NO 2	c. YES 1 NO 2

d. pond, lake or some other body of water located in your yard? YES..1 (SPECIFY IF OTHER) → NO...2 YARD.LOCATOS	d. YES 1 NO 2	d. YES 1 NO 2	
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11. How long has the (STRUCTURE) been there? (SKIP IF QUESTION 9 = YES) YARD.NUMSTRU	12. Was the design of the (STRUCTURE)... YARD.INABOVE	13. Where was the (STRUCTURE) located in relation to the residence? Was it in the... YARD.STRUTLOC	14. Could the (STRUCTURE) be seen from inside the home? YARD.INHOMEST
a. WEEKS 1 MONTHS 2 YEARS 3 YARD.UNITSTRU	a. in-ground, or 1 above ground? 2	a. back yard, 1 front yard, 2 side yard, or 3 inside the home or residence? 4	a. YES 1 NO 2
b. WEEKS 1 MONTHS 2 YEARS 3	b. in-ground, or 1 above ground? 2	b. back yard, 1 front yard, 2 side yard, or 3 inside the home or residence? 4	b. YES 1 NO 2
c. WEEKS 1 MONTHS 2 YEARS 3	c. in-ground, or 1 above ground? 2	c. back yard, 1 front yard, 2 side yard, or 3 inside the home or residence? 4	c. YES NO 2
d. WEEKS 1 MONTHS 2 YEARS 3	d. →	d. back yard, 1 front yard, or 2 side yard? 3	d. YES 1 NO 2

BOX 1

IF RESPONSES TO ALL OF QUESTIONS 7a-d = NO, SKIP TO QUESTION 26.
 IF 7a AND 7b = 1, GO TO QUESTION 14.5.
 ELSE GO TO QUESTION 15.

14.5 Is the Jacuzzi or hot tub attached to the pool?
YARD.JACPOOL

YES 1
 NO 2

REPEAT QUESTIONS 15 – 25 FOR ALL BODIES OF WATER WITH A “YES” RESPONSE IN QUESTION 7, EXCEPT IF 14.5 = YES. THEN ASK 15-25 ONCE FOR POOL/JACUZZI COMBINATION AND FOR OTHER ‘YES’ RESPONSES IN QUESTION 7.

15. In (REFERENCE MM/YY), was there a fence surrounding the (STRUCTURE)?
YARD.FENCESUR
 YES..... 1
 NO..... 2 (SKIP TO QUESTION 22)
16. Did the fence completely surround the (STRUCTURE) on all 4 sides, or could you access the (STRUCTURE) directly from your home without having to go through a gate of a fence?
YARD.FENCECOM
 STRUCTURE COMPLETELY SURROUNDED BY FENCE ..1 (SKIP TO QUESTION 18)
 STRUCTURE ACCESSIBLE FROM HOME 2
17. Was there any type of gate in the fence?
YARD.FENCGATE
 YES..... 1
 NO.....2 (SKIP TO QUESTION 22)
18. Was the gate self-closing? That is, did it close by itself?
YARD.GATECLOS
 YES..... 1
 NO..... 2
19. Was there a latch on the gate?
YARD.GATELATC
 YES..... 1
 NO.....2 (SKIP TO QUESTION 21)
20. Was the latch self-latching. That is, did it latch by itself?
YARD.SELFLATC
 YES..... 1
 NO..... 2
21. On a typical day prior to (REFERENCE MM/YY), was the gate usually propped open?
YARD.GATEPROP
 YES..... 1
 NO..... 2

[NOTE: SKIP QUESTIONS 22 AND 23 IF STRUCTURE = LAKE OR POND OR OTHER BODY OF WATER]

22. On a typical day prior to (REFERENCE MM/YY), was there a cover on the (STRUCTURE)?
YARD.COVER
 YES..... 1
 NO..... 2
23. On (REFERENCE MM/YY), was there an alarm that sounded when someone entered the water?
YARD.ENTALAR
 YES..... 1
 NO..... 2

24. [In (REFERENCE MM/YY)] did the (STRUCTURE) have any other protective device?
YARD.PROTDEV

YES..... 1
NO..... 2



24a. What kind of device was it? (SPECIFY)_____ YARD.PROTOTH

25. Was there an alarm that sounded when someone exited the residence?
EXTD.EXITALAR

YES..... 1
NO..... 2

(IF ANSWER TO QUESTION 5 = 'YES,' SKIP MENTION OF REFERENCE PERIOD)

26. (In (REFERENCE MM/YY)), approximately how long (does/did) it take to get from (CHILD'S NAME)'s home to the nearest swimming pool [not including the pool in (his/her) own yard]? This would include such things as a pool at a neighbor's home, a pool in an apartment or condominium community, a community pool, or a city pool.
EXTD.NUMPOOL

_____ UNIT: MINUTES...1 EXTD.UNITPOOL
HOURS.....2

26a. Is the time you gave based on...
EXTD.EXTDMODE

Walking,..... 1
Riding a bicycle, 2
Driving, or..... 3
Some other method of transportation?
(SPECIFY)_____ 91 EXTD.OTHMODE

27. Was there a fence or other barrier surrounding this swimming pool?
EXTD.BARPOOL

YES..... 1
NO..... 2

28. How long (did/does) it take to get from (CHILD'S NAME)'s home to the nearest lake, river, pond, ocean, or other large body of water, aside from a swimming pool?
EXTD.NUMLAKE

_____ UNIT: MINUTES...1 EXTD.UNITLAKE
HOURS.....2

28a. Is the time you gave based on ...
EXTD.MODELAKE

Walking,..... 1
Riding a bicycle, 2
Driving, or..... 3
Some other method of transportation?
(SPECIFY)_____ 91 EXTD.OTHLAKE

<p>29. In the months of (2 MONTHS PRIOR TO ACCIDENT) and (MONTH OF ACCIDENT) on how many days did (CHILD'S NAME)...? VIST.NUMMNOTE</p>	<p>30. Did (he/she) visit (BODY OF WATER) at least once? [ONLY ASK IF QUESTION 29 = DK] VIST.NUMMOTDK</p>	<p>31. Was there usually a lifeguard on duty? VIST.HOTLIFE</p>
<p>a. Visit a hotel or motel with a swimming pool? _____ → number of days [If days = 0, go to b]</p>	<p>a. YES.....1 NO.....2 (b)</p>	<p>a. YES.....1 (b) NO.....2 (b)</p>
<p>b. Visit a swim center or community pool? _____ → number of days [If days = 0, go to c]</p>	<p>b. YES.....1 NO.....2 (c)</p>	<p>b. YES.....1 (c) NO.....2 (c)</p>
<p>c. Visit an ocean, lake, pond or river? _____ → number of days [If days = 0, go to d]</p>	<p>c. YES.....1 NO.....2 (d)</p>	<p>c. YES.....1 (d) NO.....2 (d)</p>
<p>d. Visit a water theme park? _____ → number of days [If days = 0, go to e]</p>	<p>d. YES.....1 NO.....2 (e)</p>	<p>d. YES.....1 (e) NO.....2 (e)</p>
<p>e. Visit another home where (CHILD'S NAME) had access to a pool or some other large body of water? _____ → number of days [If days = 0, go to Question 32]</p>	<p>e. YES.....1 NO.....2 [If no, go to Question 32]</p>	<p>e. YES.....1 NO.....2</p>

32. Prior to (REFERENCE MM/YY), how often had (CHILD'S NAME) been on a boat? Please do not include cruise ships. Would you say...

EXTD.BOAT

- 1 time per year, 1
- 2 to 5 times per year, 2
- 6 to 10 times per year, 3
- 11 to 20 times per year, or 4
- More than 20 times per year? 5
- NEVER..... 99 (SKIP TO QUESTION 33)

32a. Prior to (REFERENCE MM/YY), when (CHILD'S NAME) went out on a boat did (he/she) usually wear a life vest?

EXTD.LIFEVEST

- YES..... 1
- NO 2

FORMAL SWIMMING LESSONS

The next group of questions will be about the formal swimming lessons that (CHILD'S NAME) may have participated in prior to (REFERENCE MM/YY). We don't know if swimming lessons can help prevent drowning among young children, so there are no right or wrong answers.

33. Children sometimes receive formal swimming lessons that are paid for or that are received as part of another activity such as day care, school or camp. Prior to (REFERENCE MM/YY), had (CHILD'S NAME) ever taken formal swimming lessons? Please do not include swim team.

EXTD.FORMAL

- YES..... 1
- NO.....2 (SKIP TO QUESTION 41)

34. Often children are enrolled in a swimming course that includes a group of classes that meet regularly over a number of weeks. For example a course might include 1 class per week for 8 weeks. Thinking back to all the courses that (CHILD'S NAME) took prior to (REFERENCE MM/YY), how many separate courses did (he/she) attend altogether? [PROBE IF RESPONDENT DOES NOT KNOW OR CAN NOT REMEMBER THE NUMBER OF COURSES: Please tell me how many courses you can remember.]

EXTD.COURSES

_____ (# OF COURSES)

34a. [ASK ONLY IF QUESTION 34 = DK] Do you know how many years (CHILD'S NAME) participated in swimming courses prior to (REFERENCE MM/YY)?

EXTD.COURYEAR

_____ (# OF YEARS)

35. How many swim courses did (CHILD'S NAME) attend before the age of 5? [PROBE IF NECESSARY: Please tell me how many courses you can remember.]

EXTD.UNDRFIVE

___ ___ (# OF COURSES)

<p>e. How many times per week did the classes meet? CLAS.MEETWK</p>	<p>_____ UNITS: WEEK (# times) MONTH CLAS.MEETUNIT</p>	<p>_____ UNITS: WEEK (# times) MONTH</p>
<p>f. On average, how many minutes was each class? CLAS.MINUTECL</p>	<p>_____ (number of minutes)</p>	<p>_____ (number of minutes)</p>
<p>g. For this course, what was the total number of classes that (CHILD'S NAME) attended? (PROBE): Please give me your best estimate. CLAS.CLASSES</p>	<p>_____ (number of classes)</p>	<p>_____ (number of classes)</p>
<p>h. Who usually took (CHILD'S NAME) to (his/her) swimming lesson? CLAS.WHOTOOK</p>	<p>RESPONDENT 1 MOTHER 2 FATHER 3 GRANDMOTHER 4 GRANDFATHER 5 OTHER RELATIVE (SPECIFY) 91 OTHER NON-RELATIVE (SPECIFY) 92 CLAS.WHTOOKOS</p>	<p>RESPONDENT 1 MOTHER 2 FATHER 3 GRANDMOTHER 4 GRANDFATHER 5 OTHER RELATIVE (SPECIFY) 91 OTHER NON-RELATIVE (SPECIFY) 92</p>
<p>i. Did (PERSON NAMED IN QUESTION 38) usually watch the lessons? CLAS.DIDWATCH</p>	<p>YES..... 1 NO..... 2</p>	<p>YES..... 1 NO..... 2</p>
<p>j. How many children, including (CHILD'S NAME) were in the group? CLAS.HOWMANYC</p>	<p>_____ (number of children)</p>	<p>_____ (number of children)</p>
<p>k. Was an adult, other than the instructor, required to be in the water with each child? CLAS.ADULTREQ</p>	<p>YES..... 1 NO..... 2</p>	<p>YES..... 1 NO..... 2</p>
<p>There are many different skills that are taught in swimming lessons. I am going to read to you a list of some skills and would like you to tell me if the lessons in this course focused <u>not at all, a little, some, or a lot</u> on these skills. I would be happy to repeat the categories if you need them.</p>		
<p>39a. The first skill is helping children feel comfortable in the water; like getting them used to putting their face in the water. Would you say these lessons focused on this CLAS.COMFORT</p>	<p>Not at all,..... 1 A little,..... 2 Some, or..... 3 A lot?..... 4 NO INFORMATION 99</p>	<p>Not at all,..... 1 A little,..... 2 Some, or..... 3 A lot?..... 4 NO INFORMATION 99</p>
<p>[IF RESPONDENT VOLUNTEERS THAT HE OR SHE HAS NO INFORMATION ABOUT WHAT SKILLS WERE TAUGHT IN THE COURSE, ENTER 99 (SKIP TO 39i)]</p>		

b.	Treading water. Would you say the lessons focused on this... CLAS.TREADWTR	Not at all,..... 1 A little,..... 2 Some, or..... 3 A lot?..... 4	Not at all,..... 1 A little,..... 2 Some, or..... 3 A lot?..... 4
c.	Floating on (his/her) back. CLAS.FLOATBCK	NOT AT ALL..... 1 A LITTLE 2 SOME..... 3 A LOT 4	NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4
d.	Poolside behavior; like not running on the deck. CLAS.BEHAVIOR	NOT AT ALL..... 1 A LITTLE 2 SOME..... 3 A LOT 4	NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4
e.	Swimming strokes and kicks. CLAS.STROKES	NOT AT ALL..... 1 A LITTLE 2 SOME..... 3 A LOT 4	NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4
f.	Was (CHILD’S NAME) forced to put (his/her) head underwater as part of this course? CLAS.UNDERWTR	YES..... 1 NO..... 2	YES..... 1 NO..... 2
g.	Is there any other information about this swimming course that you think would be important for us to know? CLAS.OTHINFO	YES..... 1 NO..... 2 (SKIP TO 39i)	YES..... 1 NO..... 2 (SKIP TO 39i)
h.	[What other information about this swimming course would you like to tell me?] CLAS.TEXT1-4	(RECORD RESPONSE)	(RECORD RESPONSE)
i.	After completing this swimming course, did (CHILD’S NAME)’s behavior change when (he/she) was around water? CLAS.CHANGBCH	YES.....1 NO.....2 (SKIP TO QUESTION 40)	
j.	How did (his/her) behavior change? _____ CLAS.HWCHANGA CLAS.HWCHANGB		
k.	(ASK ONLY IF QUESTION 34 = DON’T KNOW OR REFUSED) Did (CHILD’S NAME) take any other swimming courses?	YES.....1 NO.....2	

REPEAT QUESTIONS 38 THROUGH 39j FOR MOST RECENT COURSE.

40. Prior to the age of 2 years, did (CHILD’S NAME) participate in swimming lessons that focused on survival skills such as rotating from a face down position to a back float, resting, and then flipping back over to continue swimming?
EXTD.SURVSKIL

YES..... 1
NO..... 2

41. Prior to (REFERENCE MM/YY), did (he/she) ever participate in competitive swimming, such as team swimming?

EXTD.COMPSWIM

YES..... 1 → 41a. For how many years did (CHILD’S NAME) participate in competitive swimming?
NO.....

EXTD.COMPNUM _____ (# OF YEARS)

EXPOSURE TO WATER AND INFORMAL SWIMMING LESSONS

ONLY ASK QUESTION 42 IF CHILD NEVER TOOK FORMAL LESSONS NOR PARTICIPATED IN SWIM TEAM (QUESTION 33 AND 41 = NO).

42. Prior to (REFERENCE MM/YY), had (CHILD’S NAME) ever been in a swimming pool, pond, or other body of water, not including a bathtub?

EXTD.INWATER

YES..... 1
NO.....2 (SKIP TO QUESTION 67)

43. How often on average did (CHILD’S NAME) go swimming during the summer months of May through September? Would you say ...

EXTD.GOSWIMSU

Every day or almost every day, .. 1
3 to 5 times per week, 2
1 to 2 times per week, 3
2 to 3 times per month, 4
Once a month or less, or 5
Not at all?..... 6

44. How often on average did (CHILD’S NAME) go swimming during the months of October through April? Would you say ...

EXTD.GOSWIMOT

Every day or almost every day, .. 1
3 to 5 times per week, 2
1 to 2 times per week, 3
2 to 3 times per month, 4
Once a month or less, or 5
Not at all?..... 6

45. During the past year, how often did (CHILD’S NAME) use a life vest when (he/she) went swimming? Would you say...

EXTD.LIFVEST

Always, 1
Most of the time, 2
Some of the time, 3
On rare occasions, or 4
Never?..... 5
DID NOT SWIM6 (SKIP TO QUESTION 48)

46. How often did (he/she) use another flotation device when (he/she) went swimming, such as water wings or an inflatable tube? Would you say...

EXTD.PERSFLOT

- Always, 1
- Most of the time, 2
- Some of the time, 3
- On rare occasions, or 4
- Never? 5 (SKIP TO QUESTION 48)

47. What kind of flotation device did (he/she) use most often?

EXTD.PERSDEVI

- WATER WINGS 1
- INFLATABLE TUBE 2
- RAFT 3

EXTD.PERSDEOS OTHER (SPECIFY): _____ 91

48. Thinking about all the times (CHILD'S NAME) went swimming prior to (REFERENCE MM/YY), how often did (he/she) swim without a lifeguard or adult present? Would you say...

EXTD.NOLIFEG2

- Never, 1
- Rarely, 2
- Sometimes, 3
- Often, 4
- Almost Always, or 5
- Always? 6

49. Thinking back to (REFERENCE MM/YY), at that time do you think (CHILD'S NAME) liked the water or did (he/she) seem to be afraid of it?

EXTD.LIKEWAT

- LIKED WATER 1
- AFRAID OF WATER 2

50. Thinking back to (REFERENCE MM/YY), at that time how comfortable was (CHILD'S NAME) in the water? Would you say (he/she) was...

EXTD.COMFWAT

- Uncomfortable, 1
- Slightly uncomfortable, 2
- Comfortable, or 3
- Very comfortable? 4

51.	In (REFERENCE MM/YY), at that time was (CHILD'S NAME) comfortable with...	YES	NO
a.	dangling (his/her) feet in the water? EXTD.COMDANG	1	2
b.	walking by (himself/herself) in water up to (his/her) waist? EXTD.COMWAIST	1	2
c.	putting (his/her) whole head underwater? EXTD.COMHEAD	1	2
d.	entering the water on (his/her) own? EXTD.COMENTER	1	2

e.	jumping into shallow water? EXTD.COMSHAL	1	2
f.	jumping into water over (his/her) head? EXTD.COMDEEP	1	2
g.	playing or swimming in water over (his/her) head? EXTD.COMPLAY	1	2

52. Children sometimes receive informal swimming instructions or receive swimming pointers or tips from family and friends. Thinking back to before (CHILD’S NAME) was 5 years old, how often did (CHILD’S NAME) receive informal swimming instructions, or pointers or tips about swimming or water safety? Please do not include pointers or tips (he/she) may have received while in a bathtub. Would you say (he/she) received pointers or tips...

EXTD.POINTSLO

- Every time he/she went swimming,.....1
- Most of the time,.....2
- Some of the time,.....3
- Rarely, or.....4
- Never?.....5



52a. Prior to (REFERENCE MM/YY), did (CHILD’S NAME) ever receive informal swimming instructions or pointers or tips about swimming or water safety?

EXTD.POINTEVR

- YES 1
- NO.....2 (SKIP TO QUESTION 59)

53. At what age did (CHILD’S NAME) receive (his/her) first informal pointers or informal swimming instructions?

EXTD.POINTAGE

- _____ UNIT: MONTHS....1 EXTD.POINTUNI
- _____ YEARS.....2

54. At what age did (CHILD’S NAME) receive (his/her) most recent pointers or informal swimming instructions prior to (REFERENCE MM/YY)?

EXTD.RECENAGE

- _____ UNIT: MONTHS....1 EXTD.RECENUNI
- _____ YEARS.....2

55. Did these pointers take place in a pool, pond or lake, ocean, or some other type of water? (MARK ALL THAT APPLY)

EXTD.POINTPL

- EXTD.POIPOOL POOL..... 1
- EXTD.POIPOND POND/LAKE..... 2
- EXTD.POIOCEAN OCEAN..... 3
- EXTD.POIOTH1-3 OTHER (SPECIFY)
- EXTD.POINTOS1-3 _____ ...91

56. What was the relationship of the person who most often gave these pointers or instructions to (CHILD'S NAME)?

EXTD.POINTRE

- MOTHER/STEP-MOTHER.... 1
- FATHER/STEP-FATHER..... 2
- BROTHER/SISTER 3
- GRANDPARENT..... 4
- AUNT/UNCLE..... 5
- COUSIN 6
- FRIEND/NEIGHBOR 7
- OTHER (SPECIFY)

EXTD.POINTROS _____ ...91

57.	Would you say that the informal swimming pointers or instructions focused not at all, very little, somewhat or a lot on the following items.	NOT AT ALL	VERY LITTLE	SOMEWHAT	A LOT
a.	The first item is helping (CHILD'S NAME) feel comfortable in the water, like getting (him/her) used to putting (his/her) face in the water. Would you say the pointers or instructions focused on this... EXTD.POINTFAC	1	2	3	4
b.	Treading water. Would you say... EXTD.POINTTRE	1	2	3	4
c.	Floating on (his/her) back. EXTD.POINTBAC	1	2	3	4
d.	Poolside behavior--like not running on the deck. EXTD.POINTRUN	1	2	3	4
e.	Swimming strokes and kicks. EXTD.POINTKIC	1	2	3	4
f.	Jumping from the edge of a pool or dock. EXTD.POINTJUM	1	2	3	4

58. Is there anything else about the swimming pointers or informal instructions that you think would be important for us to know?

EXTD.POINTELS

- YES..... 1
- NO.....2 (SKIP TO QUESTION 59)

58a. Specify _____

EXTD.DESCTEXT _____

59. In (REFERENCE MM/YY) how would you have rated (CHILD'S NAME) as a swimmer.
 Would you say...
 EXTD.SWIMRATE

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or..... 4
- Poor? 5

60. Next I am going to read to you a list of things some children can do in the water. For each one, thinking back to (REFERENCE MM/YY), at that time could (CHILD'S NAME) do this without using a life preserver or other flotation device for assistance most of the time (he/she) was in a swimming pool.

	YES	NO	NEVER ATTEMPTED
a. Could (CHILD'S NAME) jump into the water from a standing position without assistance? EXTD.JUMPWAT	1	2	3
b. Could (CHILD'S NAME) jump in the pool, swim out 5 feet, and then swim back to the edge of the pool? EXTD.SWIMFEET	1	2	3
c. Could (CHILD'S NAME) swim on (his/her) stomach for about 15 feet without stopping? EXTD.SWIMSTOM	1	2	3
d. Could (CHILD'S NAME) float on (his/her) back without support for 10 seconds? EXTD.FLOATBAC	1	2	3
e. Could (CHILD'S NAME) swim on (his/her) back for about 15 feet without stopping? EXTD.SWIMFEE	1	2	3
IF NO TO 60b, 60c, 60d, AND 60e, SKIP TO QUESTION 65. IF DON'T KNOW/REFUSED TO 60b, 60c, 60d, AND 60e, SKIP TO QUESTION 61.			
f. Enter the pool feet first and swim to an object or person standing about 15 feet away? EXTD.FLOATFEE	1	2	3
g. Swim on (his/her) stomach, take a breath of air and continue swimming forward? EXTD.SWIMSTO	1	2	3
h. If (CHILD'S NAME) were in water over (his/her) head and about 15 feet from the edge of the pool, could (he/she) swim towards the edge of the pool and hold onto the side of the pool? EXTD.HOLDEDGE	1	2	3
i. If (CHILD'S NAME) were in water over (his/her) head and about 15 feet from the edge of the pool, could (he/she) swim towards the edge of the pool and climb out of the water? EXTD.SWIMCLIM	1	2	3
j. Swim 50 feet using any kind of stroke? EXTD.FEETSTRK	1	2	3
k. Dive into the water? (SKIP TO QUESTION 62) EXTD.DIVEWAT	1	2	3

61. Do you think you would be able to answer any questions about (CHILD'S NAME)'s swimming abilities?

EXTD.SWIMABIL

YES.....1 (GO BACK TO QUESTION 60f)
NO.....2 (SKIP TO QUESTION 66)

62. How old was (CHILD'S NAME) when (he/she) was first able to swim without help or without using a life preserver or other flotation device for assistance? [IF SUBJECT UNABLE TO SWIM, ENTER '99']

EXTD.AGESWIM

____ UNIT: MONTHS...1 EXTD.UNITSWIM
(age) YEARS.....2

63. In (REFERENCE MM/YY), about how many minutes do you think (he/she) could tread water without stopping? Would you say... [IF CHILD CANNOT TREAD WATER AT ALL, ENTER '99']

EXTD.TREWAT2

Less than 1 minute, 1
1 to 4 minutes, 2
5 to 9 minutes, or 3
10 minutes or more? 4

64. In (REFERENCE MM/YY), about how many minutes do you think (CHILD'S NAME) could swim without stopping? Would you say...

EXTD.SWIMSTP2

Less than 1 minute, 1
1 to 4 minutes, 2
5 to 9 minutes, or 3
10 minutes or more? 4

65. If the length of a standard swimming pool equals 25 yards [75 feet], how many pool lengths could (CHILD'S NAME) swim without stopping using any stroke prior to (REFERENCE MM/YY)?

EXTD.SWIMLEN

_____ (# OF LENGTHS)

(SKIP TO QUESTION 67)

66. In (REFERENCE MM/YY), did (CHILD’S NAME) know how to swim at all?
 EXTD.CANSWIM

YES.....1 (SKIP TO QUESTION 67)
 NO2

66a. Prior to (REFERENCE MM/YY) had you ever seen (CHILD’S NAME) paddle a few yards and then hold onto something such as the edge of a pool or dock?

YES..... 1
 NO.....2 EXTD.CANPADL

CHILD DEVELOPMENT/TEMPERAMENT

67. I am going to read to you a list of behaviors and would like you to tell me whether (CHILD’S NAME) never, almost never, sometimes, almost always, or always did this prior to (REFERENCE MM/YY).

	NEVER	ALMOST NEVER	SOMETIMES	ALMOST ALWAYS	ALWAYS
a. (CHILD’S NAME) was shy with strange adults. Would you say... EXTD.SHYADULT	1	2	3	4	5
b. (CHILD’S NAME) ate foods that (he/she) used to dislike. Would you say... EXTD.ATEFOODS	1	2	3	4	5
c. was shy when first meeting new children. EXTD.SHYCHILD	1	2	3	4	5
d. was relaxed within a few visits when visiting someone else’s home. EXTD.RELAXVIS	1	2	3	4	5
e. liked to try new foods. EXTD.NEWFOODS	1	2	3	4	5
f. On the playground (CHILD’S NAME) ran, climbed, and swung and was constantly on the go. EXTD.PLAYGRND	1	2	3	4	5
g. If (CHILD’S NAME) resisted some activity such as having (his/her) hair brushed, (he/she) would continue to resist it for months. EXTD.RESIST	1	2	3	4	5
h. When in the park or visiting, (he/she) would go up to strange children and join in their play. EXTD.JOINPLAY	1	2	3	4	5
i. If (CHILD’S NAME) was shy with a strange adult, (he/she) got over this quickly. EXTD.SHYQUICK	1	2	3	4	5

j.	(CHILD'S NAME) sat still for stories or songs. EXTD.SATSONG	1	2	3	4	5
k.	When away from home with parents, (he/she) had a problem falling asleep in a new bed, even after a few nights. EXTD.NEWBED	1	2	3	4	5
l.	When the family went on a trip, (CHILD'S NAME) immediately made (himself/herself) at home in the new surroundings. Would you say... EXTD.MADEHOME	1	2	3	4	5
m.	When the weather was bad and (CHILD'S NAME) had to stay inside, (he/she) ran around and could not be amused by quiet activities. EXTD.PLAYIN	1	2	3	4	5
n.	When unknown adults visited your home, (he/she) was immediately friendly and approached them. EXTD.UNKADULT	1	2	3	4	5
o.	In a new situation such as day care, kindergarten or school, (he/she) was still uncomfortable, even after a few days. EXTD.NEWSITUA	1	2	3	4	5
p.	could sit quietly through an entire children's film or a long TV program. EXTD.SITFILM	1	2	3	4	5
q.	When there was a change in daily routine or activities, (CHILD'S NAME) went along easily with the new routine. EXTD.NEWROUTI	1	2	3	4	5
r.	When outside in a playground or park, (he/she) played quietly with toys or dolls. EXTD.OUTPARK	1	2	3	4	5
s.	The first time (CHILD'S NAME) was left in a new situation without a parent (he/she) got upset. Would you say... EXTD.NEWUPSET	1	2	3	4	5
t.	got involved with quiet activities, such as reading or looking at books and doing crafts. EXTD.CRAFTS	1	2	3	4	5
u.	would rather wear familiar clothes than new ones. EXTD.FAMCLOTH	1	2	3	4	5
v.	had difficulty adjusting to the rules of a new household if they were different from those at home. EXTD.NEWRULES	1	2	3	4	5
w.	always ran rather than walked around the house or outside. EXTD.RANOUT	1	2	3	4	5
68.	The next group of questions are about the youngest age at which you think children should be allowed to do various things on their own. There are no right or wrong answers to these questions.					
a.	How many minutes do you think a 2 year-old could be left alone in a room containing a couch, a television on a television stand, bookshelves, an end table and some toys? Assume that the child is awake and a parent is in a nearby room on the same floor. EXTD.ALONENUM	_____ (# of minutes)				
b.	How old would a child have to be for you to feel comfortable not having his or her hand held in the parking lot of a grocery store? EXTD.PARKNUM	_____ (age)				

c.	How old would a child have to be for you to feel comfortable not standing outside while he or she played in the front yard without a fence? EXTD.PLAYNUM	_____ (age)
d.	At what age do you think a child can safely cross the street on their own? EXTD.CROSNUM	_____ (age)

69. I am now going to read to you a list of behaviors that some children may or may not do. For each behavior, please tell me if (CHILD'S NAME) did this behavior not at all, seldom, sometimes, often, or very often prior to (REFERENCE MM/YY).

How often did (CHILD'S NAME) ...	
a. run out in the street? Would you say ... EXTD.RUNOUT	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
b. jump off furniture or other structures? Would you say ... EXTD.JUMPOFF	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
c. jump down the stairs? EXTD.JUMPDOWN	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
d. ride a bike in unsafe areas? [IF CHILD DOES NOT HAVE A BIKE, CODE AS 'NOT AS ALL'] EXTD.RIDEBIKE	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
e. run or bump into things? EXTD.RUNBUMP	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
f. fall down? EXTD.FALLDOWN	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
g. play with fire? EXTD.PLAYFIRE	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5

<p>h. put (his/her) finger or objects in electrical sockets or appliances? EXTD.ELECTRIC</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>i. leave the house without permission? EXTD.LEAVEHM</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>j. refuse to use a car seat or stay seated in a car? EXTD.CARSEAT</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>k. play with sharp objects? EXTD.PLAYSHAR</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>l. How often did (CHILD’S NAME) pull or push furniture or heavy objects over? Would you say... EXTD.PULLPUSH</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>m. fall out of windows or down stairways? EXTD.FALLOUT</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>n. put objects or non-food items in (his/her) mouth? EXTD.INMOUTH</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>o. get scratches, scrapes or bruises during play? EXTD.SCRATCH</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>p. Prior to (REFERENCE MM/YY), how often did (CHILD’S NAME) “take chances” on playground equipment? Would you say... EXTD.TAKECHAN</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>
<p>q. try to climb on top of furniture, cabinets, etc.? EXTD.TRYCLIMB</p>	<p>Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5</p>

r.	stand on chairs? EXTD.STANDON	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
s.	explore places that are off limits? EXTD.EXPLORE	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
t.	get into dangerous substances? EXTD.DANGSUBS	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
u.	play carelessly or recklessly? EXTD.PLAYCARE	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
v.	come into contact with hot objects? EXTD.HOTOBJ	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5
w.	tease or approach unfamiliar animals like dogs? EXTD.TEASEDOG	Not at all.....1 Seldom (ONCE OR TWICE).....2 Sometimes (ABOUT ONCE A MONTH).....3 Often (ABOUT ONCE A WEEK).....4 Very Often (MORE THAN ONCE A WEEK)5

HEALTH AND MEDICAL HISTORY

Now I would like to ask you some questions about (CHILD’S NAME)’s health and medical history.

70. In general, would you say (CHILD’S NAME)’s health is...
EXTD.GENHLTH

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or..... 4
- Poor?.....5

71. Prior to (REFERENCE MM/YY) had (CHILD'S NAME) ever seen a doctor for epilepsy or a seizure disorder?

EXTD.EVERSEIZ

YES..... 1
NO.....2 (SKIP TO QUESTION 72)

71a. During the past year had (CHILD'S NAME) had a seizure?

EXTD.YRSEIZ

YES..... 1
NO..... 2

71b. In (ONE MONTH PRIOR TO REFERENCE MM/YY), was (CHILD'S NAME) taking medicine to prevent seizures?

EXTD.MEDSEIZ

YES..... 1
NO..... 2

72. Prior to (REFERENCE MM/YY), did a doctor ever say that (CHILD'S NAME) had a health problem expected to last 6 months or longer, including any physical or mental impairments, learning disabilities, or other serious conditions?

EXTD.HLTHPROB

YES.....1
NO.....2

72a. What type of health problem was it? (MARK ALL THAT APPLY)

EXTD.EPILEPSY EPILEPSY /SEIZURE DISORDER..... 1
EXTD.ASTHMA ASTHMA.....2
EXTD.ATTDHD ATTENTION DEFICIT HYPERACTIVITY DISORDER...3
EXTD.PHYMEOTH OTHER PHYSICAL OR MENTAL CONDITION (SPECIFY)
EXTD.TYPEPROS _____ .91

73. In (ONE MONTH PRIOR TO REFERENCE MM/YY), did (CHILD'S NAME) take any prescription medications? Do not include antibiotics, vitamins or medications that (he/she) would have taken for a cold or fever [but do include the seizure medication if it was prescription].

EXTD.MEDSPRE

YES..... 1
NO.....2 (SKIP TO QUESTION 74)

73a. What were these medications? (SPECIFY)	73b. What was this medication for? (SPECIFY)
MEDS.TYEMED	MEDS.MEDFOR

74. Prior to (REFERENCE MM/YY), had (CHILD'S NAME) ever had a fainting episode?
EXTD.FAINTEPI

YES..... 1
NO..... 2

76. Has anyone in (CHILD'S NAME)'s family ever died from drowning?
EXTD.OTHDIED

YES.....1 → 76a. What was their age at the time of drowning?
NO.....2

___ ___ (age in years) EXTD.OTHAGE

76b. What was the person's relationship to (CHILD'S NAME)? Was it a...
EXTD.OTHRELA

Parent, 1
Sibling, 2
Grandparent, or 3
Some other relative? 4

77. How would you rate yourself as a swimmer? Would you say...
EXTD.RATESWIM

Excellent, 1
Very good, 2
Good, 3
Fair, or..... 4
Poor? 5

78. How would you rate your spouse or companion as a swimmer? Would you say...
EXTD.RATESPOU

Excellent, 1
Very good, 2
Good, 3
Fair, 4
Poor, or 5
Do you not have a spouse or companion? .. 6

79. Has anyone in (CHILD'S NAME)'s family died suddenly from a heart condition or some unknown cause before the age of 40 years?

EXTD.HEARTCON

YES... 1 →
NO... 2

79b. What was this person's relationship to (CHILD'S NAME)? Was it a...

EXTD.HEARTRE

Parent, 1
Sibling, 2
Grandparent, or 3
Some other relative?... 4

79c. Please describe what happened.

DESC.DESCTEXT

80. Did (CHILD'S NAME) ever have an episode in which (he/she) nearly drowned and was taken to a physician's office or emergency department?

EXTD.EMERDEPT

YES.....1 →
NO.....2

80a. Can you please tell me when this occurred?

EXTD.EMERMO

EXTD.EMERYR

___ / ___
MM YY

80b. Please describe what happened.

DESC.DESCTEXT

81. Prior to (REFERENCE MM/YY), did you receive any advice from (CHILD'S NAME)'s doctor or nurse about swimming lessons?

EXTD.DRADVICE

YES.....1
NO.....2

81a. Did the advice you received...

EXTD.TYPDADV

Recommend taking swimming lessons,1

Recommend against taking swimming lessons, or2

Did you receive some other advice?.....91

(SPECIFY)_____ EXTD.TYPADVOS

DAILY ROUTINES

Now I would like to ask you some questions about (CHILD'S NAME) daily routine prior to (REFERENCE MM/YY).

82. Was (CHILD'S NAME)...

EXTD.ENSCHOOL

- Enrolled in school,.....1
 Home schooled, or.....2
 Not enrolled in school?...3

82a. Was (CHILD'S NAME) enrolled in school for a...

EXTD.SCHOOLDA

- Half day, or.....1
 Full day?.....2 (SKIP TO QUESTION 87)

<p>83. On a typical <u>weekday</u>, which of the following best describes (CHILD'S NAME)'s child care arrangements. Was (CHILD'S NAME) usually cared for in ...</p> <p>EXTD.CARE</p>	<p>84. Was there a pool that was usually filled with water at this (CHILD CARE SETTING)?</p> <p>EXTD.CAREPOOL</p>	<p>85. On average, how many days per week did (CHILD'S NAME) receive this child care?</p> <p>EXTD.CAREDAYS</p>	<p>86. On a typical day, how many hours per day did (CHILD'S NAME) usually receive this child care?</p> <p>EXTD.CAREHOUR</p>
<p>a. (his/her) own home, YES..... 1 (Quest 87) NO..... 2 (b)</p>			
<p>b. a child care center/institution that is not home-based, YES.....1 → NO.....2 (c)</p>	<p>b. YES.... 1 NO..... 2</p>	<p>b. DAYS PER WEEK: _____</p>	<p>b. ____ ____ (avg. # hrs) (SKIP TO QUESTION 87)</p>
<p>c. a home-based child care, or YES.....1 → NO.....2 (d)</p>	<p>c. YES.... 1 NO..... 2</p>	<p>c. DAYS PER WEEK: _____</p>	<p>c. ____ ____ (avg. # hrs) (SKIP TO QUESTION 87)</p>
<p>d. Some other child care setting (SPECIFY)? EXTD.CAREOS YES.....1 → NO.....2</p>	<p>d. YES.... 1 NO..... 2</p>	<p>d. DAYS PER WEEK: _____</p>	<p>d. ____ ____ (avg. # hrs)</p>

87. [SKIP IF QUESTION 82 = 2 OR 3] During the school year, where did (CHILD'S NAME) usually go after school? Did (he/she) usually go...

EXTD.AFTSCI

- To (his/her) own home,..... 1
- To a relative's home, 2
- To an after school extended day program, or 3
- Somewhere else?

EXTD.AFTSCIOS (SPECIFY)_____ 91

88. Prior to (REFERENCE MM/YY), where did (CHILD'S NAME) usually spend (his/her) weekends? Did (he/she) usually spend them ...

EXTD.CAREWK

- At home, 1
- At a relative's home, or..... 2

EXTD.CAREWKOS Somewhere else? (SPECIFY)_____ 91

89. On a typical day prior to (REFERENCE MM/YY), who usually watched (CHILD'S NAME) when (he/she) was in (his/her) own home?

EXTD.CAREWA

- MOTHER 1
- FATHER 2
- BOTH MOTHER AND FATHER 3
- GRANDPARENT..... 4
- BABY SITTER OR PAID CAREGIVER 5

EXTD.CAREWOS1 OTHER RELATIVE (SPECIFY)_____ 91

EXTD.CAREWOS2 SOMEONE ELSE (SPECIFY)_____ 92

<p>90. During the most recent summer, did (CHILD'S NAME) attend...</p> <p>CAMP.COUNSEL</p>	<p>91. How many weeks did (CHILD'S NAME) attend the (overnight camp/day camp/summer school)?</p> <p>CAMP.WEEKCOUN</p>	<p>92. Were there any bodies of water at the (overnight camp/day camp/summer school) such as a swimming pool, Jacuzzi, wading pool, pond, lake, river, or some other body of water?</p> <p>CAMP.CAMPWAT</p>	<p>93. What kind of body of water was it? Was it a... (CODE ALL THAT APPLY)</p> <p>CAMP.WATPOOL CAMP.WATJAC CAMP.WATWAD CAMP.WATPOND CAMP.WATRIVER CAMP.WATOTH CAMP.TYPEWAOS</p>
<p>a. an overnight camp? YES...1 → NO....2 (b)</p>	<p>a. _____ (# of weeks)</p>	<p>a. YES...1 → NO....2 (b)</p>	<p>a. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91</p>

b. a day camp? YES...1 → NO...2 (c)	b. ____ ____ (# of weeks)	b. YES...1 → NO...2 (c)	b. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91
c. a summer school? YES...1 → NO...2 (QUESTION 94)	c. ____ ____ (# of weeks)	c. YES...1 → NO...2 (QUESTION 94)	c. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91

SOCIODEMOGRAPHIC QUESTIONS

I have just a few more questions to ask you about yourself and (CHILD'S NAME)'s household.

94. What was your age in (REFERENCE MM/YY)?

EXTD.RESPYYYY

____ ____ (YEARS)

95. Are you of Hispanic or Latino origin?

EXTD.RESPHISP

YES..... 1

NO..... 2

96. Which one or more of the following would you say best describes your race? Would you say...
 [IF RESPONDENT SAYS "HISPANIC", PROBE FOR ONE OF THE LISTED CATEGORIES]

EXTD.RAAMEIND American Indian or Alaska Native, 1

EXTD.RAASIAN Asian, 2

EXTD.RABLACK Black or African-American, 3

EXTD.HAWPAC Native Hawaiian or other Pacific Islander, or 4

EXTD.RAWHITE White? 5

EXTD.RAOTHER OTHER (SPECIFY) _____ 91

EXTD.RESRACOS

97. Is (CHILD'S NAME) of Hispanic or Latino origin?

EXTD.CHILHISP

YES..... 1

NO..... 2

98. Which one or more of the following would you say best describes (CHILD'S NAME)'s race? Would you say... [IF RESPONDENT SAYS "HISPANIC", PROBE FOR ONE OF THE LISTED CATEGORIES]

- EXTD.CHAMEIND American Indian or Alaska Native, 1
- EXTD.CHASIAN Asian, 2
- EXTD.CHBLACK Black or African-American, 3
- EXTD.CHHAWPAC Native Hawaiian or other Pacific Islander, or..... 4
- EXTD.CHWHITE White?..... 5
- EXTD.CHOTHER OTHER (SPECIFY)_____ 91
- EXTD.CHIRACOS

(NOTE: QUESTIONS 99-104a – IF RESPONSE TO QUESTION 2 = NO, CHANGE FILLS TO COLLECT DATA ON CHILD'S HOUSEHOLD)

99. In (REFERENCE MM/YY), how many people under age 20, including (CHILD'S NAME) [and yourself], lived in your household?
 EXD.NUMCHHS

NUMBER OF CHILDREN: ___ ___

100. In (REFERENCE MM/YY), how many adults age 20 or over [including yourself,] lived in your household?
 EXTD.NUMADHS

NUMBER OF ADULTS: ___ ___

<p>101. Please give me the ages of everyone, other than (CHILD'S NAME) and yourself, who lived in your household in (REFERENCE MM/YY) and their relationship to (CHILD'S NAME). [IF AGE IS LESS THAN 1 YEAR, WE WILL ASK FOR THE NUMBER OF MONTHS]</p> <p>[ALLOW UP TO 15 PEOPLE] HOHO.HOHOAGE</p>	<p>102. What is this person's relationship to (CHILD'S NAME)?</p> <p>HOHO.REL</p>
<p>a. _____ (# # #)</p> <p>MONTHS.....1 YEARS.....2</p> <p>HOHO.HOHOMON</p>	<p>a.</p> <p>MOTHER/STEPMOTHER..... 1 FATHER/STEPFATHER 2 SIBLING 3 GRANDPARENT 6 UNRELATED PERSON (INCL. ROOMMATE) 7 OTHER RELATIVE (SPECIFY)_____ 91</p> <p>HOHO.HHMRELOS</p>

103. [ASK IF MORE THAN ONE CHILD LISTED ABOVE AND SOMEONE'S AGE IS REFUSED OR UNKNOWN] Of the ___ (NUMBER OF CHILDREN LISTED IN 99) children and teenagers under age 20 that you stated were living in your household in (REFERENCE MM/YY), from oldest in age to the youngest in age, where did (CHILD'S NAME) fall? For example, was (he/she) the...

EXTD.CHFALL

- Oldest, 1
- Second oldest, 2
- Third oldest, 3
- Fourth oldest, 4
- Fifth oldest, or 5
- Something else? (SPECIFY) _____ 91

EXTD.CHFALLOS

104. In the last calendar year, what was your combined annual household income from all sources and before taxes? This would include all income received by everyone that lived in the household during the last calendar year. Would you say...	104a. Was it...
\$25,000 or less, 1 → EXTD.HHINCOV1	EXTD.HHINCOME \$10,000 or less, 1 \$10,001 to \$15,000, 2 \$15,001 to \$20,000, or, 3 \$20,001 to \$25,000? 4
\$25,001 - \$50,000, 2 → EXTD.HHINCOV2	\$25,001 to \$30,000, 5 \$30,001 to \$35,000, 6 \$35,001 to \$40,000, 7 \$40,001 to \$45,000, or, 8 \$45,001 to \$50,000? 9
\$50,001 - \$75,000, or 3 → EXTD.HHINCOV3	\$50,001 to \$55,000, 10 \$55,001 to \$60,000, 11 \$60,001 to \$65,000, 12 \$65,001 to \$70,000, or, 13 \$70,001 to \$75,000? 14
more than \$75,000 4 → EXTD.HHINCOV4	\$75,001 to \$80,000, 15 \$80,001 to \$85,000, 16 \$85,001 to \$90,000, 17 \$90,001 to \$95,000, or, 18 or more than \$95,000? 19

BOX 2

IF RESPONSE TO QUESTION 2 = NO, SKIP TO QUESTION 115.
ELSE GO TO QUESTION 105.

105. In (REFERENCE MM/YY), which of the following best described your working status? Were you...

EXTD.RESEMP

- Self-employed, 1
- Working for an employer,..... 2
- Looking for employment,..... 3
- A homemaker,..... 4
- Retired,..... 5
- Unable to work or disabled, or..... 6
- Something else? (SPECIFY)..... 91

EXTD.RESEMPOS

106. In (REFERENCE MM/YY), were you enrolled in school or college?

EXTD.ENROLLED

- YES.....1 →
- NO.....2

106a. Were you enrolled in school...

- Part-time, or.... 1 **EXTD.ENRLPTFT**
- Full-time?..... 2

107. What is the highest grade or year of school you completed? [READ LIST ONLY IF NECESSARY]

EXTD.HGHGRADE

- 8th GRADE OR LESS 1
- 9th TO 12th GRADE (NO DIPLOMA) 2
- HIGH SCHOOL DIPLOMA/GED 3
- SOME VOC/TECH/BUSINESS 4
- VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA 5
- SOME COLLEGE 6
- ASSOCIATE'S DEGREE (AA, AS)..... 7
- BACHELOR'S DEGREE (BA, BS) 8
- SOME GRADUATE/PROFESSIONAL SCHOOL 9
- GRADUATE/PROFESSIONAL DEGREE 10
- (MA, MS, PHD, MD, ETC.)
- EXTD.HGHGRAOS** OTHER (SPECIFY)..... 91

108. In (REFERENCE MM/YY) were you...

EXTD.MARITALS

- Married or living as married couple, .. 1
- Divorced, 2
- Widowed,..... 3
- Separated, or 4
- Never married? 5 (SKIP TO QUESTION 115)

109. Has your marital status changed since that time? [ONLY ASK IF AT LEAST 1 MONTH PAST REFERENCE DATE]

EXTD.CHSTATUS

- YES.....1
- NO.....2 (SKIP TO QUESTION 112)

Now that we are near the end of the interview, I would like to ask you a few questions about this questionnaire and about the experience of being interviewed. This will help us to improve our interviewing procedures in the future.

115. First, do you think that this interview was ...

EXTD.INTLNGTH

- Too short, 1
- Too long, or 2
- Just about right? 3

116. Did you find this interview to be stressful? Would you say it was...

EXTD.INSTRESS

- Not at all stressful, 1
- A little stressful, 2
- Somewhat stressful, or 3
- Very stressful? 4

117. If you were asked, would you participate in an interview like this again?

EXTD.PRTAGAIN

- YES..... 1
- NO..... 2

118. That was my last question. Do you have any additional comments that you would like to add regarding this questionnaire?

EXTD.OTHCOMM

- YES..... 1 (SPECIFY BELOW)
- NO..... 2

118a. DESC.DESCTEXT _____

Thank you very much for your time and cooperation. We are sending a check for \$25.00 to all participants in this study.

119. We would like to confirm your name, address, and telephone number.

[INTERVIEWER: PLEASE CONFIRM INFORMATION ON THE SCREEN, CORRECT AS NECESSARY.]

FIRST NAME: _____ LAST NAME: _____

ADDR.FNAM

ADDR.LNAM

NUMBER AND STREET: _____ APT #: _____

ADDR.STREET

ADDR.APT

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

ADDR.CITY

ADDR.ST

ADDR.ZIP

PHONE NUMBER: _____ - _____ - _____

ADDR.AREA ADDR.EXCH ADDR.LOCL

119a. [DOES RESPONDENT WANT \$25 CHECK?]

EXTD.WANTCHEK

YES 1

NO 2 (SKIP TO END 1)

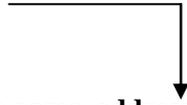
DONATE TO CHARITY 3 (SKIP TO QUESTION 120a)

120. Is this the address to which I should mail the check?

EXTD.CHECKADD

YES...1

NO.....2



120a. Please give me the name, address and telephone number of the (person/organization) to (whom/which) we should mail the check?

FIRST NAME: _____ LAST NAME: _____

ADDR.FNAM

ADDR.LNAM

ORGANIZATION: _____

ADDR.ORGANIZ

NUMBER AND STREET: _____ APT #: _____

ADDR.STREET

ADDR.APT

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

ADDR.CITY

ADDR.ST

ADDR.ZIP

TELEPHONE NUMBER: _____ - _____ - _____

ADDR.AREA ADDR.EXCH ADDR.LOCL

END 1: Thank you. If you have further questions about this study, you may call 1-888-273-0674. Goodbye.

121. INTERVIEWER COMMENTS: